

PTO/SB/01 (03-05)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (amendment) (37 CFR 1.15 (e) required)

Attorney/Agent Number First Named Inventor COMPLETE IF KNOWN Application Number Filing Date Art Unit Examiner Name	
--	--

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CLEAN CONTAINER FOR PAINT AND OTHER FLUIDS**

(Title of the invention)

the specification of which

☒ is attached hereto**OR**☐ was filed on (MM/DD/YYYY) 

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) 

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(c) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet: PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.74. This collection is estimated to take 21 minutes to complete, including gathering, processing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTC/SB/01 (05-03)  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <b>JOHN R ROSS</b>			
Address <b>PO BOX 2138</b>			
City <b>DEL MAR</b>	State <b>CA</b>	ZIP <b>92014</b>	
Country <b>US</b>	Telephone <b>858-755-3122</b>	Fax <b>858-755-3122</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>RICHARD A</b>		Family Name or Surname <b>DEAN</b>	
Inventor's Signature <i>Richard A Dean</i>		Date <b>3/30/04</b>	
Residence: City <b>LA JOLLA</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>6659 VIA ESTRADA, L</b>			
City <b>LA JOLLA</b>	State <b>CA</b>	ZIP <b>92037</b>	Country <b>US</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>THAROLD EUGENE</b>		Family Name or Surname <b>NORTHUP</b>	
Inventor's Signature <i>Tharold Eugene Northup</i>		Date	
Residence: City <b>POWAY</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>14706 HIGH VALLEY ROAD</b>			
City <b>POWAY</b>	State <b>CA</b>	ZIP <b>92064</b>	Country <b>US</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on this supplemental sheet(s) PTC/SB/02A or 02-R attached hereto.			

PTO/SF/01 (09-00)

Approved for use through 11/30/2005. OLS 055-1035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint

☐ Practitioner(s) associated with the Customer Number.

OR

☒ Practitioner(s) named below:

Name	Registration Number
JOHN R. ROSS	30,530
JOHN R. ROSS III	43,080

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name **ROSS PATENT OFFICE**

Address

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City

Country

Telephone

PO BOX 2118

DEL MAR

State

CA

Zip

92014

US

858-755-3122

Fax

858-755-7123

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SF/05)

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

THAROLD EUGENE NORTHUP

Tharold Eugene Northup

3-30-04

Telephone

858-513-1203 x203

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.53. The information is required to notify or retain a benefit by the public which is to be (and by the USPTO is to be) an application. Confidentiality is provided by 35 U.S.C. 322 and 37 CFR 1.54. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/61 (09-03)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	
	Filing Date	
	First Named Inventor	
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby appoint:

☐ Practitioners associated with the Customer Number.

OR

☒ Practitioner(s) named below

Name	Registration Number
JOHN R. ROSS	36,530
JOHN R. ROSS III	43,060

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address	PO BOX 2138				
City	DEL MAR	State	CA	Zip	92014
Country	US				
Telephone	858-755-3122	Fax	858-755-3122		

I am the:

☒ Applicant/Inventor.

☐ Assignor of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(c) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignor of Record

Name	RICHARD J. A. DEAU		
Signature	<i>Richard J. A. Deau</i>		
Date	3/30/04	Telephone	858-513-1205

NOTE: Signatures of all the inventors or assignors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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